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Mount Sinai Hospital					
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Toronto, Ontario, Canada MSG 1XS					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be					
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The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature			Date	[lavember 22 2006	
Name Josep	Mapa		Telep	hone416-586-4800	
Title President	dent , CED				

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STATEMENT UNDER 37 CFR 3,73(b)					
Applicant/Patent Owner: Diamanda					
Application No /Patent No.: 6,962,793 Filed/fessió Date: November 8, 200	6				
Entitled: METHODS FOR DETECTING ALZHEIMER'S DISEASE					
Mount Sinet Hospital 8 Corporation (Neme of Assignee) (Type of Assignee, e.g., corporation, pe	rinerahip, university, government agency, etc.)				
states that it is: 1.  The assignee of the entire right, title, and interest; or					
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is					
in the patent application/patent identified above by virtue of either:					
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2. From:	William				
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As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recondition pursuant to 37 CFR 3,11.					
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302,08]					
The undersigned (whose title is supplied below) is authorized to act on behalf of the ass	olgnee.  Neverber sous				
Signature	Date				
Joseph Mapa	416-586-4800				
Printed or typed Name President CED	Telephone Number				
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